



West Virginia Military Authority

APPLICATION FOR EMPLOYMENT

1703 Coonskin Drive ♦ Charleston, West Virginia 25311 ♦ PH: 304-561-6308

JOB POSTINGS FOR WHICH YOU ARE APPLYING						
Application cannot be processed without at least one job title			Announcement Number			
1. 2. 3.			1. 2. 3.			
SOCIAL SECURITY NUMBER						
LAST NAME		FIRST NAME		MIDDLE INITIAL		
STREET ADDRESS						
CITY, STATE, and ZIP			COUNTY OF RESIDENCE			
HOME PHONE		CELL PHONE	EMAIL			
MARK ALL EMPLOYMENT TYPES YOU WILL ACCEPT			ANSWER EACH OF THE FOLLOWING		Y	N
A	Permanent Full-Time		May we contact you via email?			
B	Permanent Part-Time		Have you applied to the Military Authority in the last 12 months?			
C	Temporary Part-Time					
D	Intermittent					
E	Intern		Have you applied to the Military Authority using a different full or last name? If yes, enter other name.			
MARK ALL SHIFTS YOU WILL ACCEPT						
A	Day Shift					
B	Evening Shift		Have you previously held or do you currently hold a job covered by the Military Authority?			
C	Night Shift					
D	Rotating Shift		Can you legally work in the U.S.? If temporarily, enter expiration date.			
DATE AVAILABLE TO BEGIN WORK						
Have you been convicted of a felony in the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No						
NOTE: A 'yes' answer will not cause your name to be removed from an employment register or bar you from all employment unless the conviction relates to the position for which you are applying.						

MILITARY SERVICE and VETERANS PREFERENCE POINTS: Completion of this section is voluntary; however you must do so if you are claiming Veterans Preference Points. To claim eligibility, you MUST also provide a copy of your DD214 Form.

Five (5) points shall be added to the final interview score for any person who meets the eligibility requirements. Five additional points may be awarded if you received a Purple Heart Award or if you have a verified compensable service-connected disability. Before completing this section, please read the Veterans Preference Eligibility Requirements information in the applications instructions.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you claiming five Veterans Preference Points for service in the United States Armed Forces?
Are you claiming an additional five Veterans Preference Points based on:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	A Purple Heart Award? (If yes, the award must be stated on the DD214 Form).
<input type="checkbox"/> Yes <input type="checkbox"/> No	A verified compensable service-connected disability? (If yes, a Veterans Administration letter dated within the past six months is required – see instructions)



West Virginia Military Authority

EMPLOYMENT HISTORY: List all work experience beginning with your present/most recent employer and work back. Changes in title, duties, or employment status with the same employer must be listed as separate jobs. Be sure to show employment dates and hours worked per week, and for paid work, you must list a salary. If more space is needed to describe your duties, feel free to attach additional pages. For more on this section, refer to the instruction pages. **IMPORTANT: Resumés may be submitted in addition to the information provided on these pages.**

EMPLOYER NAME	EMPLOYER ADDRESS		EMPLOYER PHONE	BUSINESS TYPE
SUPERVISOR'S NAME	YOUR JOB TITLE	LAST SALARY	EMPLOYMENT DATES (month/year)	
			From	To
EMPLOYMENT STATUS	HOURS WORKED			
<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Hours Worked Per Week		
SUPERVISORY EXPERIENCE				
Did you supervise employees? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date you began supervising (month/year)		
List title(s) and number(s) of employees you officially supervised				
DETAILED DESCRIPTION OF YOUR JOB DUTIES				

EMPLOYER NAME	EMPLOYER ADDRESS		EMPLOYER PHONE	BUSINESS TYPE
SUPERVISOR'S NAME	YOUR JOB TITLE	LAST SALARY	EMPLOYMENT DATES (month/year)	
			From	To
EMPLOYMENT STATUS	HOURS WORKED			
<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Hours Worked Per Week		
SUPERVISORY EXPERIENCE				
Did you supervise employees? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date you began supervising (month/year)		
List title(s) and number(s) of employees you officially supervised				
DETAILED DESCRIPTION OF YOUR JOB DUTIES				



West Virginia Military Authority

EMPLOYMENT HISTORY: List all work experience beginning with your present/most recent employer and work back. Changes in title, duties, or employment status with the same employer must be listed as separate jobs. Be sure to show employment dates and hours worked per week, and for paid work, you must list a salary. If more space is needed to describe your duties, feel free to attach additional pages. For more on this section, refer to the instruction pages. **IMPORTANT: Resumés may be submitted in addition to the information provided on these pages.**

EMPLOYER NAME	EMPLOYER ADDRESS		EMPLOYER PHONE	BUSINESS TYPE
SUPERVISOR'S NAME	YOUR JOB TITLE	LAST SALARY	EMPLOYMENT DATES (month/year)	
			From	To
EMPLOYMENT STATUS	HOURS WORKED			
<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Hours Worked Per Week		
SUPERVISORY EXPERIENCE				
Did you supervise employees? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date you began supervising (month/year)		
List title(s) and number(s) of employees you officially supervised				
DETAILED DESCRIPTION OF YOUR JOB DUTIES				

EMPLOYER NAME	EMPLOYER ADDRESS		EMPLOYER PHONE	BUSINESS TYPE
SUPERVISOR'S NAME	YOUR JOB TITLE	LAST SALARY	EMPLOYMENT DATES (month/year)	
			From	To
EMPLOYMENT STATUS	HOURS WORKED			
<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Hours Worked Per Week		
SUPERVISORY EXPERIENCE				
Did you supervise employees? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date you began supervising (month/year)		
List title(s) and number(s) of employees you officially supervised				
DETAILED DESCRIPTION OF YOUR JOB DUTIES				



West Virginia Military Authority

EDUCATION: If you need additional space, provide the information on a separate sheet of paper.

Did you receive a high school diploma or GED equivalent? <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED Equivalent <input type="checkbox"/> Neither							
Mark highest grade completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12							
Additional Education: All academic training other than High School/GED Equivalent must be verified. Verification of academic training may be in the form of an official transcript, copy of diploma or certificate, or written statement from an authorized agency verifying possession of the necessary credentials.							
SCHOOL NAME and ADDRESS	FIELD(S) of STUDY		CREDIT HOURS		ATTENDANCE DATES		TYPE OF DEGREE ATTACH TRANSCRIPT
	major	minor	sem.	qtr.	mo./yr.	mo./yr.	
BUSINESS/VOCATIONAL/ TECHNICAL SCHOOL	COURSE(S) of STUDY		NO. WEEKS ATTENDED	HOURS PER DAY	CLOCK HRS. COMPLETED	CERTIFICATE ATTACH COPY	

I would submit to drug testing if required. ☐ Yes ☐ No

REFERENCES: Please provide three personal references that we may contact.

NAME	ADDRESS	PHONE

Do you have family members/relatives that are currently employed by the West Virginia Military Authority or the West Virginia National Guard? ☐ Yes ☐ No If yes, please list their names in the box below.

--

AFFIRMATION: I certify under penalty of law and disqualification that all statements are true and complete. I authorize the State of West Virginia and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application. I release the State of West Virginia and any agent acting on its behalf from any and all liability by reason of the request for such information. I further authorize and request each former employer educational institution, or organization (including law enforcement agencies) to provide all information that may be sought in connection with this application.

<input type="checkbox"/> Yes <input type="checkbox"/> No If you are a male, age 18-25, have you registered, as required, with the U.S. Selective Service?

SIGNATURE: _____ **DATE:** _____